



# ***EXPLORE!*** **FUN WITH SCIENCE**

**LUNAR AND PLANETARY INSTITUTE**  
**NASA BROKER / FACILITATOR PROGRAM**

## **FUN WITH SCIENCE Evaluation**

Name: \_\_\_\_\_

Library: \_\_\_\_\_

Library Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Which activities did you use in your library? *(check all that apply)*

Rockets	<input type="checkbox"/>	Space Stations	<input type="checkbox"/>	Egg-stronaut Egg Drop	<input type="checkbox"/>
Comets	<input type="checkbox"/>	Space Colonies	<input type="checkbox"/>	Deep Impact	<input type="checkbox"/>
Solar System	<input type="checkbox"/>	Remote Sensing	<input type="checkbox"/>	Other	<input type="checkbox"/>

Comments: \_\_\_\_\_

Which were the favorite activities of the children? *(check all that apply)*

Rockets	<input type="checkbox"/>	Space Stations	<input type="checkbox"/>	Egg-stronaut Egg Drop	<input type="checkbox"/>
Comets	<input type="checkbox"/>	Space Colonies	<input type="checkbox"/>	Deep Impact	<input type="checkbox"/>
Solar System	<input type="checkbox"/>	Remote Sensing	<input type="checkbox"/>	Other	<input type="checkbox"/>

Comments: \_\_\_\_\_

How times have you used each activity?

Rockets	_____	Space Stations	_____	Egg-stronaut Egg Drop	_____
Comets	_____	Space Colonies	_____	Deep Impact	_____
Solar System	_____	Remote Sensing	_____	Other	_____

How many children participated in each of the activities?

Rockets	_____	Space Stations	_____	Egg-stronaut Egg Drop	_____
Comets	_____	Space Colonies	_____	Deep Impact	_____
Solar System	_____	Remote Sensing	_____	Other	_____

How were the activities used in your library? (check all which apply)

In new after-school program ☐

Supplement in existing after-school program ☐

In new summer program ☐

Supplement to existing summer program ☐

As part of a science club ☐

As part of a science day camp program ☐

Other \_\_\_\_\_

The recommended grade level for the program is 5-8. Did you use this program with other grade levels? Yes ☐ No ☐

Explain \_\_\_\_\_

Did you have community support or mentor with this program? (check all that apply)

Teacher ☐ Astronomy / space club ☐ Business / industry representative ☐ Other ☐

Comments: \_\_\_\_\_

Did you need to make modifications to the activities?

Extensive ☐ Modest ☐ Minimal ☐ None ☐

Explain: \_\_\_\_\_

Please list any suggestions you have to improve the program:

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THANK YOU FOR TAKING THE TIME TO PROVIDE IMPORTANT FEEDBACK TO IMPROVE OUR **EXPLORE!** PROGRAM. PLEASE FILL OUT AND RETURN THIS FORM TO:

Mary Noel, **EXPLORE!**  
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